



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/132,916	
	<b>Filing Date</b>	August 12, 1998	
	<b>First Named Inventor</b>	RABANNE	
	<b>Group Art Unit</b>	2736	
	<b>Examiner Name</b>	T. MULLEN	
<b>Total Number of Pages in This Submission</b>	2	<b>Attorney Docket No.</b>	0691.RABA.PT

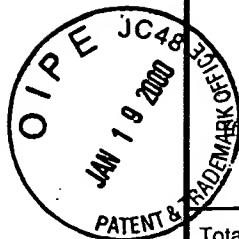
**ENCLOSURES (check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Appeal Communication:<br><input type="checkbox"/> Appeal Notice<br><input type="checkbox"/> Appeal Brief<br><input type="checkbox"/> Reply Brief<br><input type="checkbox"/> Assignment with Cover Sheet<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Check in the amount of \$635.00<br><input type="checkbox"/> Declaration Claiming Small Entity Status for:<br><input type="checkbox"/> Independent Inventor<br><input type="checkbox"/> Small Business Concern<br><input type="checkbox"/> Non-Profit Organization<br><input type="checkbox"/> Declaration & Power of Attorney<br><input type="checkbox"/> Drawings ___ sheets<br><input type="checkbox"/> Formal <input type="checkbox"/> Informal | <input type="checkbox"/> Extension of Time Request ___ month<br><input type="checkbox"/> Fee Calculation Table<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> § 1.97 (1)<br><input type="checkbox"/> § 1.97 (2)<br><input type="checkbox"/> § 1.97 (3)<br><input type="checkbox"/> Form 1449<br><input type="checkbox"/> Copies of IDS References<br><input checked="" type="checkbox"/> Issue Fee Transmittal & Advance Order | <input type="checkbox"/> Maintenance Fee Transmittal ___ year<br><input type="checkbox"/> Missing Parts Response<br><input type="checkbox"/> Notification of Change of Attorney Address & Docket Number<br><input checked="" type="checkbox"/> Return Postcard<br><input type="checkbox"/> Revocation & Power of Attorney<br><input type="checkbox"/> Status Inquiry<br><input type="checkbox"/> Other: |
|---|--|---|

**Remarks****SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

<b>Attorney for Applicant</b>	Frank W. Compagni, Registration No. 40,567 Morriss, Bateman, O'Bryant & Compagni, P.C. 5882 South 900 East, Suite 300 Salt Lake City, Utah 84121 (801) 685-2302 telephone; (801) 685-2303 facsimile		
<b>Signature</b>		<b>Date</b>	1/11/00
<b>CERTIFICATE OF MAILING UNDER 37 CFR § 1.8</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addresses to Assistant Commissioner for Patents, Washington, D.C. 20231.			
<b>Typed or Printed Name</b>	Frank W. Compagni		
<b>Signature</b>		<b>Date</b>	1/11/00

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